

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								51							
2								52							
3								53							
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45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	2							TOTAL IND.							
TOTAL DEP.	13							TOTAL DEP.							
TOTAL CLAIMS	15							TOTAL CLAIMS							